WASHINGTON STATE DEPARTMENT OF LICENSING

Testing Contract Application

Use this form to apply to administer licensing exams at your driver training school (DTS). This will create a DTS testing contract between the Department of Licensing (DOL) and your DTS.

For help with this form, call 360-902-3703 or email tse@dol.wa.gov.

For ADA assistance, visit dol.wa.gov/accessibility, or call 360-902-3900 or 711 for relay service.

Step 1–Review the requirements

Your school must:

- Be a licensed driver training school that:
  - Is actively providing classroom and/or behind the wheel instruction, or;
  - Provides traffic safety education authorized through Office of Superintendent of Public Instruction (OSPI).
- Have the following required insurance coverage:
  - A commercial general liability policy that includes contractual liability and protects against at least $1 million per incident and $2 million aggregate.
  - A cyber-liability policy with a limit no less than $1,000,000.
  - Have automobile liability coverage for at least $1 million for bodily injury and property damage.
  - Include uninsured motorist coverage.
  - List DOL as additionally insured on all policies.

Schools offering both portions of the driver licensing exam must

- Have at least one examiner active with the school that is certified to conduct the requested type of examination.
- Ensure the facilities used for knowledge follow the law[1].
- Ensure the classroom is used exclusively for testing at the time of test delivery.

1 WAC 308-108

continued on next page

Step 2–Prepare to submit your application

You can apply online by visiting professions.dol.wa.gov. You can also apply by emailing this completed application and required documentation to tse@dol.wa.gov.

To complete this application, make sure you have

- This completed form
- Proof of insurance
- Documentation of your school's exam policies that meet requirements outlined in the Examiners' Guidelines and Requirements (EGR) manual.

If you are applying to administer skills exams, you need to provide at least two skill exam routes with this application.

If you are applying on behalf of driver training school, you need the school's Unified Business Identification (UBI) number, UBI Business Identification (ID) number or UBI Location ID to complete this application.

Step 3–Select your application type

Type of school

☐ Driver training school

UBI/UBI Business ID/UBI Location ID (16 digits) _____

☐ Public school district

Type of examinations the school plans to administer

☐ Knowledge and skill

☐ Knowledge only

continued on next page

Step 4–Provide contact information for the school

School information

Provide information for the main driving school or public school where the exams are being administered. If you are applying on behalf of the OSPI, provide information for the school location where exams are being administered.

Type or print school name (as it appears on your license)		License number
Physical address (street address)		
City	State	ZIP code
Mailing address (if different than address above)		
City	State	ZIP code
Days available for testing ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday		
Hours available for testing ____ ☐ a.m. ☐ p.m. to ____ ☐ a.m. ☐ p.m.		

Branch locations (if applicable)

If you have additional branch locations, provide the information below on a separate document.

School name (if different from above)		Branch license number
Physical street address		
City	State	ZIP code
Examination type ☐ Knowledge and skills exam ☐ Knowledge exam only		
Days available for testing ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday		
Hours available for testing ____ ☐ a.m. ☐ p.m. to ____ ☐ a.m. ☐ p.m.		

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Step 4–Provide contact information for the school (continued)

Signature authority information

This person is authorized to sign the contact on behalf of the driving school or school district. This individual might be a driver training school owner or a superintendent of school district.

Name	Title
10-digit phone number	Email address

Contract manager information

Provide information for the contract manager if they are not the same person as the signature authority. This individual is the main point of contact at the DTS for DOL to communicate to. This may be the DTS owner, manager, or a designated examiner.

Name	Title
10-digit phone number	Email address

Step 5–Certify the information you provided

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Type or print name

X **When completed, print form and sign here.**

Applicant signature

Date **(mm / dd / yyyy)** signed

Place **(city or county)** signed

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